

Dietary Assessment Calibration/Validation Studies Questionnaire

A. STUDY IDENTIFICATION

1. Name of Study _____

2. If published, cite reference(s) which present calibration/validation data (*include all author(s), title, journal name, year, volume, & pages*)

3. Principal Investigator(s) conducting Calibration Study

4. Institution conducting Calibration Study

First Name	Last Name
_____	_____
_____	_____
_____	_____

Institution	Country
_____	_____
Address	

5. Is Calibration Study part of a larger "main" study?

- ☐ Yes
☐ No (Go to section B)

6. Type of "main" study
(*check all that apply*)

- ☐ Cohort
☐ Case-control
☐ Survey
☐ Clinical Trial
☐ Other (*please specify*)

7. Study hypothesis or objective for "main" study

B. CALIBRATION/VALIDATION STUDY (not "main" study)

1. Dates of Data Collection
for Calibration Study

Starting Date: ____/____/____
month year

Ending Date: ____/____/____
month year

2. Location of Study

Description of Region/City Country

3. Approximate Age Range
of Subjects

_____ years to _____ years

4. Sample Size of
Calibration Study

_____ total number of respondents in Calibration Study

5. Gender of Subjects
(*check all that apply*)

- ☐ Male
☐ Female

6. Race of Subjects (*check all that apply*)

- ☐ Not Specified
☐ Caucasian
☐ Black
☐ Hispanic
☐ Asian/Pacific Islanders
☐ American Indian/Alaskan Native
☐ Other (*please specify*)

7. Socioeconomic Status of Subjects (*check all that apply*)

- ☐ Not Specified
☐ Low SES
☐ Middle/High SES

C. REFERENCE METHOD OF ASSESSING DIETARY INTAKE

Please answer the following questions about the “reference method” you used. Reference method indicates the more detailed method of assessment used in this study. For example, in a study comparing a food frequency questionnaire with multiple day food records, the food record is the reference method. Similar questions about the comparison methods you used will be asked on the following pages.

1. Type of Dietary Instrument *(check only one)*

- | | |
|--|---|
| <input type="checkbox"/> Biological <i>(e.g. doubly-labelled water, plasma carotene)</i> | <input type="checkbox"/> Diet History |
| <input type="checkbox"/> Food Record/Diary | <input type="checkbox"/> Observed Intake |
| <input type="checkbox"/> Dietary Recall | <input type="checkbox"/> Chemical Analysis of Duplicate Collections |
| <input type="checkbox"/> Food Frequency Questionnaire (FFQ) | <input type="checkbox"/> Other _____ |

2. Detailed Description of Instrument *(e.g. FFQ (Block:60 Foods), FFQ (Willett:128 Foods), 24 hour recall, 4-day food record, etc.)*

3. If FFQ is used, what is the reference period? *(e.g. past year, past 3 months)*

4. Number of Administrations of the Instrument Per Individual _____

5. Timing of Administrations *(relative to first dietary assessment of the subject in the calibration study, i.e. baseline = 0 months; for example a 4-day food record may have been administered 3 times at 0 months, 6 months, and 24 months)*

6. Administered by *(check all that apply)*

- ☐ Self
- ☐ Telephone Interview
- ☐ Face-to-Face Interview
- ☐ Observer
- ☐ Other *(please specify)*

7. Quantification of Food Intake *(check all that apply)*

- ☐ Weighed or measured food
- ☐ Estimated using food models
- ☐ Estimated using pictures/photographs
- ☐ Estimated using specified sizes (listed in FFQ)
- ☐ Not quantified (only frequency of consumption is reported)
- ☐ Other *(please specify)*

8. Nutrient Composition Database Used for Analysis

D. COMPARISON METHOD #1 OF ASSESSING DIETARY INTAKE

Please answer the following questions about the “comparison method” you used. Comparison method indicates the less detailed method of assessment used in this study. For example, in a study comparing a food frequency questionnaire with multiple day food records, the food frequency questionnaire is the comparison method.

1. Type of Dietary Instrument *(check only one)*

- | | |
|--|---|
| <input type="checkbox"/> Biological <i>(e.g. doubly-labelled water, plasma carotene)</i> | <input type="checkbox"/> Diet History |
| <input type="checkbox"/> Food Record/Diary | <input type="checkbox"/> Observed Intake |
| <input type="checkbox"/> Dietary Recall | <input type="checkbox"/> Chemical Analysis of Duplicate Collections |
| <input type="checkbox"/> Food Frequency Questionnaire (FFQ) | <input type="checkbox"/> Other _____ |

2. Detailed Description of Instrument *(e.g. FFQ (Block:60 Foods), FFQ (Willett:128 Foods), 24 hour recall, 4-day food record, etc.)*

3. If FFQ is used, what is the reference period? *(e.g. past year, past 3 months)*

4. Number of Administrations of the Instrument Per Individual _____

5. Timing of Administrations *(relative to first dietary assessment of the subject in the calibration study, i.e. baseline = 0 months; for example a 4-day food record may have been administered 3 times at 0 months, 6 months, and 24 months)*

6. Administered by *(check all that apply)*

- ☐ Self
- ☐ Telephone Interview
- ☐ Face-to-Face Interview
- ☐ Observer
- ☐ Other *(please specify)*

7. Quantification of Food Intake *(check all that apply)*

- ☐ Weighed or measured food
- ☐ Estimated using food models
- ☐ Estimated using pictures/photographs
- ☐ Estimated using specified sizes (listed in FFQ)
- ☐ Not quantified (only frequency of consumption is reported)
- ☐ Other *(please specify)*

8. Nutrient Composition Database Used for Analysis

E. COMPARISON METHOD #2 OF ASSESSING DIETARY INTAKE

Please answer the following questions about the “comparison method” you used. Comparison method indicates the less detailed method of assessment used in this study. For example, in a study comparing a food frequency questionnaire with multiple day food records, the food frequency questionnaire is the comparison method.

1. Type of Dietary Instrument *(check only one)*

- | | |
|--|---|
| <input type="checkbox"/> Biological <i>(e.g. doubly-labelled water, plasma carotene)</i> | <input type="checkbox"/> Diet History |
| <input type="checkbox"/> Food Record/Diary | <input type="checkbox"/> Observed Intake |
| <input type="checkbox"/> Dietary Recall | <input type="checkbox"/> Chemical Analysis of Duplicate Collections |
| <input type="checkbox"/> Food Frequency Questionnaire (FFQ) | <input type="checkbox"/> Other _____ |

2. Detailed Description of Instrument *(e.g. FFQ (Block:60 Foods), FFQ (Willett:128 Foods), 24 hour recall, 4-day food record, etc.)*

3. If FFQ is used, what is the reference period? *(e.g. past year, past 3 months)*

4. Number of Administrations of the Instrument Per Individual _____

5. Timing of Administrations *(relative to first dietary assessment of the subject in the calibration study, i.e. baseline = 0 months; for example a 4-day food record may have been administered 3 times at 0 months, 6 months, and 24 months)*

6. Administered by *(check all that apply)*

- ☐ Self
- ☐ Telephone Interview
- ☐ Face-to-Face Interview
- ☐ Observer
- ☐ Other *(please specify)*

7. Quantification of Food Intake *(check all that apply)*

- ☐ Weighed or measured food
- ☐ Estimated using food models
- ☐ Estimated using pictures/photographs
- ☐ Estimated using specified sizes (listed in FFQ)
- ☐ Not quantified (only frequency of consumption is reported)
- ☐ Other *(please specify)*

8. Nutrient Composition Database Used for Analysis

COMMENTS, QUESTIONS, OR ADDITIONAL INFORMATION

FOR PERSON COMPLETING FORM

Date / /

Name _____
First Name *Last Name*

Address _____

Phone _____ E-mail _____

Fax _____ Signature _____

PLEASE SEND COMPLETED FORM TO:

Information Management Services, Inc.
c/o James Moler
6110 Executive Blvd., Suite #310
Rockville, MD 20852
USA